

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BELIEVE AGAIN	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00571711 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee ONMESSAGE, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015 </div>	
Mailing Address 705 Melvin Ave # 105		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 50686.00 </div>	
City Annapolis	State MD	Zip Code 21401	Transaction ID : 1 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2015 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate BOBBY JINDAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1065628.80 </div>			

Full Name of Payee ONMESSAGE, INC.		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015 </div>	
Mailing Address 705 Melvin Ave # 105		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 20000.00 </div>	
City Annapolis	State MD	Zip Code 21401	Transaction ID : 1_B Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2015 </div>
Purpose of Expenditure MEDIA		Category/Type	
Name of Federal Candidate BOBBY JINDAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1065628.80 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 70686.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 70686.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT YARBOROUGH

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015

Signature